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**FILED**

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**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

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STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
**DIVISION** OF CONSUMER AFFAIRS  
BOARD **OF** MEDICAL EXAMINERS

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IN THE MATTER OF THE LICENSE OF

DEAN A. **AMBROSE**, D.O.  
**License No.** MB 48347

**Administrative Action**

**CONSENT ORDER**

TO PRACTICE MEDICINE AND SURGERY :  
IN THE STATE OF NEW JERSEY

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This matter was initially opened to the State Board of **Medical** Examiners ("Board") upon the filing of a Consent Order Of Voluntary **Surrender** of Licensure, dated November 14, 2001, in which Dean A. Ambrose, D.O., **surrendered** his license to practice medicine and surgery in the State of New **Jersey** for a minimum period of three (3) months, after admitting a relapse into the abuse of **prescription** pain medications.

Prior to petitioning the Board for reinstatement of his medical **license**, in or around February 2002, Dr. Ambrose had voluntarily enrolled in the Medical Society of **New** Jersey

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Physicians' Health Program ("PHP") and had sought in patient treatment for this problem.

On January 22, 2003, Dr. Ambrose, **accompanied by** David I. Canavan, M.D., **Medical** Director Emeritus of the **Medical** Society of New **Jersey** Physicians' Health Program ("PHP"), **appeared** without counsel, and **testified before** a Committee of the Board with regard to his petition for reinstatement of his medical license. At this appearance, Dr. Ambrose testified that he began abusing Demerol when it was **prescribed** to him for a fractured shoulder in late 1999. He testified that he initially approached the PHP in January of 2000 because **he knew** that he needed help. He stated that he subsequently developed cluster headaches. **He** saw a neurologist for pain control and tried a **number** of medications other than Dernerol, but they were not **effective**. **Ultimately**, he was given Demerol as **treatment** for these **headaches**, which led to his **relapse** in 2001.

Dr. Ambrose then testified that **he** no longer experiences headaches. **He** also testified that he has never abused any substance other than Dernerol. Both Dr. Ambrose and Dr. Canavan testified that he has not had a **positive** urine test since before **April** 2002 **and** that he has been a faithful participant in **the** PHP since that time. Dr. **Ambrose** also stated that he has not had any alcoholic beverages since February 2002. Dr. Canavan then submitted the PHP's Position Statement, **which** supported the **doctor's** return to practice. Dr. Ambrose testified that he had also been **accepted** into a Pre-Trial Intervention (PTI) program,

**after he** was charged with violating N.J.S.A. 2C:21-20d, 2C:35-13, 2C:5-1, 2C:35-10a(1), 2C:35-7, and 2C:36-6, during **his relapse**. Through **counsel**, the Board has been provided with proof that Dr. Ambrose **continues to** be **in** compliance with the **terms** of his three (3) **year supervisory** period under the PTI program, **which period** of supervision may **be** terminated at an earlier date at the court's **discretion**.

Dr. Ambrose next provided the Committee with a copy of the discharge summary report, dated November 26, 2002, from his seven (7) months of outpatient treatment at **Maryville, Inc.** in Westville, **New Jersey**. In addition, the **Committee reviewed** a status report from Arnold M. Washton, Ph.D., dated January 14, 2003. In this report, Dr. Washton stated that "Dr. **Ambrose's** recovery is progressing **well** and his prognosis for continued recovery appears to be excellent." Dr. Washton recommended that Dr. Ambrose "remain in treatment for no less than two years after **returning** to medical practice." He also **stated** that "Dr. Ambrose's strong dedication to **recovery suggests** that he is now prepared to **practice medicine** responsibly without using alcohol or any other psychoactive substances."

After Dr. Ambrose's January 22, 2003 Committee **appearance**, however, **an** allegation was made to the Board that Dr. Ambrose may have **engaged** in the practice of **medicine** prior to the Board's approval of his application for reinstatement. **After** a thorough investigation, it became clear that, **in** or around March 2003, Dr.

Ambrose began practicing medicine again, without notice of the Board's **determination** as to his reinstatement. Therefore, Dr. Ambrose **was asked to appear** at another **Committee meeting** to discuss this allegation. Around that same time, Dr. Ambrose's attorney, Donna Lee Mantel, **Esq.**, also **requested** an opportunity for Dr. Ambrose **to appear** before the Board, claiming that Dr. Ambrose was now ready to admit that **he "jumped the gun"** and **began** practicing medicine before his **license was** reinstated.


On May 28, 2003, Dr. Ambrose, accompanied by Ms. Mantel, appeared and testified before a **Committee** of the Board with regard to this new allegation. Dr. Canavan of the PHP testified via telephone. Dr. Canavan again testified that Dr. Ambrose has **been a model PHP participant** since April 2002. Dr. Canavan then testified that he accompanied Dr. Ambrose to the January 22, 2003 **Committee meeting** and that he **specifically** informed Dr. **Ambrose** that he would have to wait for the Board to **issue** him an **Order of Reinstatement of Licensure** before **he** could begin practicing medicine again. Dr. Canavan also testified that Dr. **Ambrose** called **the PHP numerous times**, inquiring about **the** status of his **Order of Reinstatement**.

According to Dr. **Ambrose** and his attorney, Dr. Ambrose initially **believed** that **he** would already have his **license** back by March 2003. In anticipation of that, and because Dr. Ambrose was in **dire financial need**, he had his office schedule appointments **for** him, in advance, for Monday, March 10, 2003 and for Monday, March

17, 2003. Dr. Ambrose testified that he saw five (5) patients on the morning of March 10, 2003, and he did not maintain patient records for these individuals. However, aware of the error, he immediately canceled all of the patients scheduled for March 17, 2003.

The Committee received and reviewed numerous documents in an effort to confirm the doctor's testimony that he saw patients only on a single occasion and is satisfied that its investigation has not disclosed any other unlicensed practice. Although there was some concern that the doctor had issued prescriptions during his period of surrender, Ms. Mantel advised the Committee that Dr. Ambrose's office staff never told Truxton, Inc, their drug supplier, that Dr. Ambrose was no longer in charge of the office and therefore, Truxton kept sending the office drugs under Dr. Ambrose's name, without his knowledge. Dr. Ambrose testified that other than the five (5) patients seen on March 10, 2003, he has not treated or written prescriptions for anyone, including himself, his friends, or his family members, since at least April 2002.

Subsequent to Dr. Ambrose's January 2003 Committee appearance, the Board voted to reinstate his license, subject to certain restrictions. Upon consideration of that earlier testimony, the doctor's conduct in the interim, and the testimony and evidence presented to the Committee in May 2003, the Board finds the within disposition to be adequately protective of the public health, safety and welfare,

  
David I. Canavan, M.D.  
Medical Director Emeritus, PHP